



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E297853**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	14-0041
LOCAL AGENCY CODING	
TOTAL # OF UNITS	03
OBJECT STRUCK	FENCE

DATE OF COLLISION	01 - 04 - 2014	TIME (2400)	2212	COUNTY #	31	MILES		N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF <input type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

79TH AVE SE	BLOCK NO.	1600
	MILE POST	

DISTANCE		MILES		N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	16TH ST SE
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4259412917
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LAST NAME	MC GEE	FIRST NAME	EMMA	MIDDLE INITIAL	M
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STREET NEW ADDRESS	328 N. DAVIES ROAD
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CITY	LAKE STEVENS	ST	WA	ZIP	98259
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	MC GEEEM035BP	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	01	17	1997
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	844SNL	STATE	WA	VIN#	3VWSC29M5YM164612
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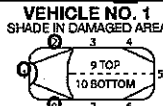
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2000	MAKE	VOLK	MODEL	JETTA	STYLE	4T	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	MACKS	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	STEPHANIE CHILDERS 328 N. DAVIES ROAD LAKE STEVENS WA 98259 D: 4254226080
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALL STATE 9 20 356636 02/14
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	PROSECUTOR REFERRAL	CHARGE	RECKLESS DRIVING
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4254229732
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LAST NAME	WILLIAMS	FIRST NAME	DWAINE	MIDDLE INITIAL	
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STREET NEW ADDRESS	1508 79TH AVE SE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	M	D.O.B.	MMDDYYYY	08	09	195	1
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG		RESTR		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
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LICENSE PLATE #		STATE		VIN#	
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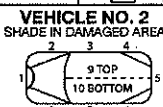
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	ANDREW THOR	BADGE OR ID #	115	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E297853**

CASE # **14-0041**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>TURSKI JOSHUA J</b>																	
ADDRESS & PHONE #		<b>7924 GRACE LANE LAKE STEVENS WA 98258 3609419609</b>																	
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>ONEIL GAVIN P</b>																	
ADDRESS & PHONE #		<b>7319 15 PL SE LAKE STEVENS WA 98258 4253978203</b>																	
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>TRAVERS PATRICIA D</b>																	
ADDRESS & PHONE #		<b>1625 79TH AVE SE LAKE STEVENS WA 98258 4253457418</b>																	
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

Driver Unit 1 was illegally passing another vehicle at a high rate of speed when the vehicle lost control while attempting a left turn onto a residential street. The vehicle collided with a curb and then struck a wood fence and a residential development sign.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**ANDREW THOR**

**01-05-14 03:51 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**ROBERT MINER 095**

DATE

**1/5/2014 3:54:02 AM**

BADGE OR ID # **115**

ORI # **WA0311900**

TIME POLICE DISPATCHED **10:12 PM**

TIME POLICE ARRIVED **10:15 PM**



SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT



013197

REPORT NO. **E297853**

CASE # **14-0041**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

# AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE ☐

PEDAL CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☒

PHONE

LAST NAME

HOMEOWNERS ASSOCIATION

FIRST NAME

CAVALERO RIDGE

MIDDLE INITIAL

STREET NEW ADDRESS

1600 79TH AVE SE

CITY

LAKE STEVENS

ST

WA

ZIP

98258

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

U

D.O.B.

MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

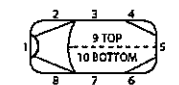
INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR VEHICLE ☐

PEDAL CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B.

MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

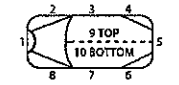
INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ANDREW THOR

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

01-05-14 03:51 AM

DATE:

PLACE SIGNED

BADGE OR ID #

115

ORI #

WA0311900

APPROVED BY

MINER

DATE

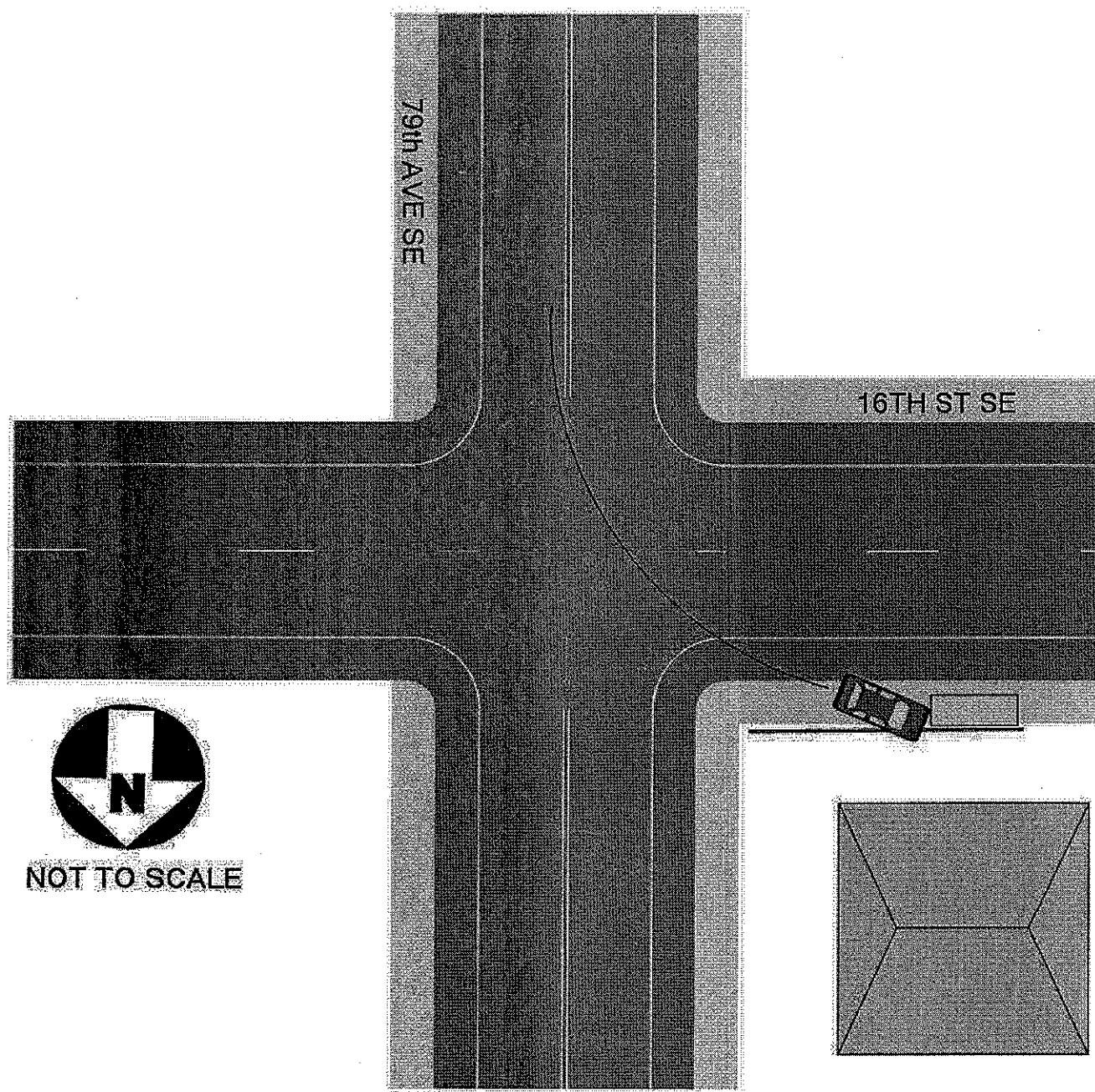
1/5/2014

PAGE

3

OF

4



<b>CRIMINAL</b> <input checked="" type="checkbox"/> <b>TRAFFIC</b> <input type="checkbox"/> <b>NON-TRAFFIC</b> <input type="checkbox"/>		L.E.A. ORI #: <b>WA0311900</b>		COURT ORI #: <b>WA031031J</b>		4Z0169582		REPORT #: <b>14-0041</b>	
IN THE <input type="checkbox"/> DISTRICT <input checked="" type="checkbox"/> MUNICIPAL COURT OF <input type="checkbox"/> STATE OF WASHINGTON		COUNTY OF <b>MARYSVILLE</b>		CITY/TOWN OF <b>LAKE STEVENS</b>		PLAINTIFF VS. NAMED DEFENDANT			
DRIVER'S LICENSE NO. <b>MCGEEM035BP</b>		STATE <b>WA</b>		EXPIRES <b>01-17-18</b>		PHOTO ID MATCHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NAME: LAST <b>MC GEE</b>	
ADDRESS <b>328 N. DAVIES ROAD</b>		STATE <b>WA</b>		CITY <b>LAKE STEVENS</b>		MIDDLE <b>EMMA</b>		SFX	
EMPLOYER		EMPLOYER LOCATION		HAIR <b>BRO</b>		RESIDENTIAL PHONE NO. <b>(425)941-2917</b>		WORK PHONE NO.	
DATE OF BIRTH <b>01-17-97</b>		SEX <b>F</b>		HEIGHT <b>5'08"</b>		WEIGHT <b>125</b>		EYES <b>BRO</b>	
VIOLATION DATE <b>01/04/2014 22:12</b>		INTERPRETER NEEDED <input type="checkbox"/>		AT LOCATION <b>79TH AVE SE</b>		M.P. <b>1600</b>		CITY/COUNTY OF <b>LAKE STEVENS/SNOHOMISH</b>	
VEH LIC NO <b>884SNI</b>		STATE <b>WA</b>		EXPIRES <b>07-23-14</b>		MAKE <b>VOLKSWAGEN</b>		MODEL <b>JETTA</b>	
TR #1 LIC NO		STATE		EXPIRES		TR #2 LIC NO		STATE	
OWNER/COMPANY IF OTHER THAN DRIVER <b>STEPHANIE CHILDERS</b>		CITY <b>LAKE STEVENS</b>		STATE <b>WA</b>		ZIP CODE <b>98258</b>		STYLE <b>4-DOOR HARDTOP</b>	
ADDRESS <b>328 N. DAVIES ROAD</b>		HAIR <b>BRO</b>		EYES <b>BRO</b>		WEIGHT <b>125</b>		HEIGHT <b>5'08"</b>	
ACCIDENT <b>NO INJURY</b>		BAC		COMMERCIAL VEHICLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		16+ PASS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		HAZMAT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
EXEMPT VEHICLE <input type="checkbox"/> FIRE LEA		EXEMPT VEHICLE <input type="checkbox"/> FIRE LEA		EXEMPT VEHICLE <input type="checkbox"/> FIRE LEA		EXEMPT VEHICLE <input type="checkbox"/> FIRE LEA		EXEMPT VEHICLE <input type="checkbox"/> FIRE LEA	
1. VIOLATION/STATUTE CODE <b>46.61.500</b>		DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES <input type="checkbox"/> D V <input type="checkbox"/> RECKLESS DRIVING		D V <input type="checkbox"/>		D V <input type="checkbox"/>		D V <input type="checkbox"/>	
2. VIOLATION/STATUTE CODE		D V <input type="checkbox"/>		D V <input type="checkbox"/>		D V <input type="checkbox"/>		D V <input type="checkbox"/>	
3. VIOLATION/STATUTE CODE		D V <input type="checkbox"/>		D V <input type="checkbox"/>		D V <input type="checkbox"/>		D V <input type="checkbox"/>	
4. VIOLATION/STATUTE CODE		D V <input type="checkbox"/>		D V <input type="checkbox"/>		D V <input type="checkbox"/>		D V <input type="checkbox"/>	
5. VIOLATION/STATUTE CODE		D V <input type="checkbox"/>		D V <input type="checkbox"/>		D V <input type="checkbox"/>		D V <input type="checkbox"/>	
MANDATORY COURT APPEARANCE		APPEARANCE DATE		DATE ISSUED <b>01-10-14</b>		TICKET REFERRED TO PROSECUTOR <input checked="" type="checkbox"/>		TICKET SENT TO COURT FOR MAILING <input type="checkbox"/>	
RELATED #		TICKET SERVED ON VIOLATOR		TICKET REFERRED TO PROSECUTOR		TICKET SERVED ON VIOLATOR		TICKET REFERRED TO PROSECUTOR	
CRIMINAL CITATION		You are charged with the crime(s) described on this form. You must respond to the court below.		Traffic citations may go on your driving record.		IF YOU DO NOT APPEAR this may result in a warrant for your arrest and detention in jail. Also, if "Traffic" is checked you may lose your driver's license/privilege.		CRIMINAL CITATION	
MARYSVILLE MUNICIPAL COURT 1015 STATE AVE		MARYSVILLE WA 98270-4301		Phone: (360)363-8050		OFFICER <b>ANDREW THOR</b>		OFFICER # <b>115</b>	
I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.		OFFICER <b>ANDREW THOR</b>		OFFICER # <b>115</b>		OFFICER		OFFICER	

# STATE OF WASHINGTON UNIFORM INCIDENT REPORT

AGENCY NAME <b>LAKE STEVENS POLICE DEPT.</b>		<input type="checkbox"/> OFCR SAFETY <input type="checkbox"/> OFCR ASSAULT		INCIDENT NUMBER <b>14-0041</b>	
		TYPE OF REPORT <input type="checkbox"/> PERSONS <input type="checkbox"/> PROPERTY <input type="checkbox"/> INFORMATION <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARREST <input type="checkbox"/> PHONE REPORT <input type="checkbox"/> JUVENILE <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> HATE / BIAS <input type="checkbox"/> ARSON - LOSS \$ <input type="checkbox"/> OTHER:			
INCIDENT CLASSIFICATION <b>Reckless Driving Collision</b>					
ADDRESS / LOCATION OF INCIDENT <b>1600 79<sup>th</sup> AVE SE</b>		PREMISES TYPE / NAME <b>Roadway</b>		DV PHAMPHLET GIVEN: YES <input type="checkbox"/> NO <input type="checkbox"/>	
REPORTED ON MONTH: 01 DAY: 04 YEAR: 14 TIME: 2212 DOW: Sat		OCCURRED ON OR FROM MONTH: 01 DAY: 04 YEAR: 14 TIME: 2212 DOW: Sat		OCCURRED TO MONTH: 01 DAY: 04 YEAR: 14 TIME: 2321 DOW: Sat	
ADDL ON SUPP. <input type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES <input type="checkbox"/> COLLISION RPT. CODES: V- VICTIM W- WITNESS O- OTHERS B- VICT BUSINESS C- COMPLAINANT G- PARENT/GUARD D- DECEASED RO- REG OWNER TYPE: 1- INDIVIDUAL 2- BUSINESS 3- FINANCIAL 4- GOVERNMENT 5- RELIGIOUS 6- SOCIETY / PUB 7- POLICE 8- OTHER 9- UNK					
NO. V1 NON-DISC. NAME (LAST, FIRST, MIDDLE) <b>Williams, Dwaine</b>		RACE ETH SEX DOB HGT WGT HAIR EYES M 080951		STREET ADDRESS <b>1508 79<sup>th</sup> AVE SE</b>	
RESIDENCE PHONE <b>425-422-9732</b> BUSINESS PHONE OCCUPATION SOCIAL SECURITY NO HATE / BIAS TYPE VIC TYPE INJ. VICTIM OF OFNS# OFNDR# RES. STATUS: F P NO U		CITY <b>Lake Stevens</b> STATE <b>WA</b> ZIP CODE <b>98258</b>			
NO. V2 NON-DISC. NAME (LAST, FIRST, MIDDLE) <b>Cavalero Ridge Homeowners As.</b>		RACE ETH SEX DOB HGT WGT HAIR EYES		STREET ADDRESS CITY STATE ZIP CODE RES. STATUS: F P NO U	
RESIDENCE PHONE BUSINESS PHONE OCCUPATION SOCIAL SECURITY NO HATE / BIAS		NUMBER OF SUSPECTS / ARRESTED PERSONS IN THIS INCIDENT: 1			
NO. S1 NAME (LAST, FIRST, MIDDLE) <b>Mcgee, Emma M</b>		RACE ETH SEX DOB AGE HGT WGT HAIR EYES W C F 011797 16 508 125 BRN BRN		SUSPECT CODES: A- ARREST S- SUSPECT R- RUNAWAY M- MISSING I- INSTITUTIONAL (MENTAL / DETOX) X- OTHER	
ALIAS NAME(S) IDENTIFIERS		STREET ADDRESS <b>328 N. Davies Road</b>			
EMPLOYMENT / OCCUPATION / SCHOOL BUS. PHONE SOCIAL SECURITY NUMBER DRIVERS LICENSE / I.D. CARD NO: STATE		CITY <b>Lake Stevens</b> STATE <b>WA</b> ZIP <b>98258</b> RES. STATUS: F P NO U RES. PHONE <b>425-941-2917</b>			
IBR ARREST OFFENSE NO. BOOKED / WHERE BOOKING # CHARGES 1. M <input checked="" type="checkbox"/> F <input type="checkbox"/> <b>Reckless Driving</b>		CITATION / WARRANT # / AGENCY BAIL			
ARREST DATE LOCATION OF ARREST		2. M <input type="checkbox"/> F <input type="checkbox"/> 3. M <input type="checkbox"/> F <input type="checkbox"/>			
AFFILIATION ON VIEW ARREST <input type="checkbox"/> CITED <input type="checkbox"/> STATEMENT <input type="checkbox"/> ORAL <input type="checkbox"/> WRN. CHARGES <input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED ARRESTEE ARMED WITH PCN / IDENTIFICATION NUMBER MULTI CLEAR <input type="checkbox"/>		JUV. PARENT GDN. NOTIFIED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N NAME / RELATIONSHIP OF PERSON NOTIFIED <b>Stephanie Childers</b> DATE / TIME NOTIFIED <b>On Scene</b> NOTIFIED BY: <b>A. Thor</b> DISPOSITION OF JUVENILE H <input type="checkbox"/> R <input checked="" type="checkbox"/>			
VEHICLE CODES: <input type="checkbox"/> STOLEN # <input type="checkbox"/> LOCATED <input type="checkbox"/> SEIZED <input type="checkbox"/> DAMAGED / VANDALIZED <input type="checkbox"/> VICTIM'S VEH. <input type="checkbox"/> HOLD FOR: <input type="checkbox"/> RECOVERED # <input type="checkbox"/> EVIDENCE <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER		NO. 1 LICENSE NUMBER <b>844SNI</b> STATE <b>WA</b> VIN / HULL NUMBER <b>3VWSC29M5YM164612</b> YEAR <b>00</b> MAKE <b>VOLKS</b> MODEL <b>JETTA</b> STYLE <b>4DR</b>			
COLOR <b>BLK</b> SPECIAL FEATURES / DESCRIPTION VALUE/STOLEN \$ DRIVER IS: <input type="checkbox"/> R / O <input checked="" type="checkbox"/> PERSON # S1		REGISTERED OWNER'S NAME <b>Stephanie Childers</b>			
VEHICLE DISPOSITION <input type="checkbox"/> LEFT AT SCENE <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> TOWED TOW COMPANY NAME / ADDRESS / PHONE <b>Mack's Towing</b> STATE TOW NO. REGISTERED OWNER'S ADDRESS <b>328 N. Davies Road</b>		LOCKED KEYS IN VEHICLE DELINQ. PAYMENT VICTIM CONSENT THEFT INS. DRIVE-ABLE DAMAGE TO VEHICLE SPECIFY DAMAGE BY SHADING DAMAGED AREA 7 5 3 1 8 6 4 2 DAMAGE EST \$			
MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE / SHE WILLFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT. (2) MAKING A FALSE REPORT IS A MISDEMEANOR. IF PROPERTY CRIME: I DO NOT GIVE ANYONE PERMISSION TO ENTER MY PREMISES AND / OR TAKE / REMOVE MY PROPERTY / VEHICLE. IF FOUND PROPERTY: I HAVE BEEN ADVISED OF CHAPTER 83 OF THE R.C.W. AND <input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT WISH TO CLAIM THE PROPERTY IF THE TRUE OWNER CANNOT BE FOUND.					
( ) RELEASED PROPERTY TO ( ) I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE ( ) I DO ( ) DO NOT ACCEPT LIABILITY FOR TOWING AND STORAGE ( ) REQUEST NON-DISCLOSURE PER RCW 42.17.310 (E) ( ) THE NAMED JUVENILE IS PRESENTLY A RUNAWAY ( ) THE NAMED PERSON IS PRESENTLY MISSING					
SIGNATURE OF PERSON DATE					
OFFICER NAME / NUMBER <b>A. Thor #115</b>		AREA OFFICER NAME / NUMBER AREA		APPROVED BY ASSIGNED	
FORWARD TO: <input type="checkbox"/> DYC <input checked="" type="checkbox"/> MARYS <input type="checkbox"/> SUPERIOR <input type="checkbox"/> EVRGN		PROSECUTOR REVIEW REQUESTED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DISTRIBUTE TO: <input type="checkbox"/> CPS/APS <input type="checkbox"/> DOL HEARING <input type="checkbox"/> DSHS <input type="checkbox"/> DOC/PROBATION	
DATA ENTERED DATE		14-0041			

# ADDITIONAL PERSONS / VEHICLES

AGENCY NAME <b>LAKE STEVENS POLICE DEPT.</b>				INCIDENT CLASSIFICATION <b>Reckless Driving Collision</b>				INCIDENT NUMBER <b>14-0041</b>							
ADDL ON SUPP		<input type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES <input type="checkbox"/> COLLISION RPT		CODES V - VICTIM W - WITNESS O - OTHERS		B - VICT BUSINESS C - COMPLAINANT G - PARENT/GUARD		D - DECEASED RG - REG OWNER		TYPE V - VICTIM B - BUSINESS F - FINANCIAL		I - INDIVIDUAL G - GOVERNMENT R - RELIGIOUS S - SOCIETY/POB		P - POLICE O - OTHER H - HUNK	
NO. <b>W1</b>	NON-DISC.	NAME (LAST, FIRST, MIDDLE) <b>Turski, Joshua</b>				RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES		
STREET ADDRESS <b>7924 Grave Lane</b>						CITY <b>Lake Stevens</b>		STATE <b>WA</b>		ZIP CODE <b>98258</b>					
RESIDENCE PHONE <b>360-941-9609</b>		BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NUMBER		HATE / BIAS		TYPE VIC		TYPE INJ.		VICTIM OF OFNS# OFNDR#	
NO. <b>W2</b>	NON-DISC.	NAME (LAST, FIRST, MIDDLE) <b>Oneil, Gavin P</b>				RACE <b>W</b>	ETH <b>C</b>	SEX <b>M</b>	DOB <b>091495</b>	HGT <b>511</b>	WGT	HAIR <b>BRN</b>	EYES <b>BRN</b>		
STREET ADDRESS <b>7314 15<sup>th</sup> PL SE</b>						CITY <b>Lake Stevens</b>		STATE <b>WA</b>		ZIP CODE <b>98258</b>					
RESIDENCE PHONE <b>425-397-8203</b>		BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NUMBER		HATE / BIAS		TYPE VIC		TYPE INJ.		VICTIM OF OFNS# OFNDR#	
NO. <b>W3</b>	NON-DISC.	NAME (LAST, FIRST, MIDDLE) <b>Travers, Patricia D</b>				RACE	ETH	SEX	DOB <b>061477</b>	HGT	WGT	HAIR	EYES		
STREET ADDRESS <b>1625 79<sup>th</sup> AVE SE</b>						CITY <b>Lake Stevens</b>		STATE <b>WA</b>		ZIP CODE <b>98258</b>					
RESIDENCE PHONE <b>425-345-7418</b>		BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NUMBER		HATE / BIAS		TYPE VIC		TYPE INJ.		VICTIM OF OFNS# OFNDR#	
SUSPECT CODES A - ARREST R - RUNAWAY S - SUSPECT M - MISSING I - INSTITUTIONAL (MENTAL / DETOX) X - OTHER															
NO.	NAME (LAST, FIRST, MIDDLE)					RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES	
ALIAS NAME(S)						IDENTIFIERS									
STREET ADDRESS						CITY		STATE		ZIP		RES. PHONE			
EMPLOYMENT / OCCUPATION / SCHOOL						BUS. PHONE		SOCIAL SECURITY NUMBER		DRIVERS LICENSE / I.D. CARD NO:		STATE			
IBR ARREST OFFENSE NO.		BOOKED / WHERE		BOOKING #		CHARGES		CITATION / WARRANT # / AGENCY		BAIL					
ARREST DATE		LOCATION OF ARREST				1. <input type="checkbox"/> M <input type="checkbox"/> F		2. <input type="checkbox"/> M <input type="checkbox"/> F		3. <input type="checkbox"/> M <input type="checkbox"/> F					
AFFILIATION		ON VIEW ARREST <input type="checkbox"/>		CITED Y <input type="checkbox"/> N <input type="checkbox"/>		STATEMENT <input type="checkbox"/> ORAL <input type="checkbox"/> WRN		CHARGES <input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED		ARRESTEE ARMED WITH		PCN / IDENTIFICATION NUMBER		MULTI CLEAR <input type="checkbox"/>	
JUV. PARENT GDN. NOTIFIED Y <input type="checkbox"/> N <input type="checkbox"/>		NAME / RELATIONSHIP OF PERSON NOTIFIED				DATE / TIME NOTIFIED		NOTIFIED BY:		DISPOSITION OF JUVENILE H <input type="checkbox"/> R <input type="checkbox"/>					
NO.	NAME (LAST, FIRST, MIDDLE)					RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES	
ALIAS NAME(S)						IDENTIFIERS									
STREET ADDRESS						CITY		STATE		ZIP		RES. STATUS: F <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/> U <input type="checkbox"/>		RES. PHONE	
EMPLOYMENT / OCCUPATION / SCHOOL						BUS. PHONE		SOCIAL SECURITY NUMBER		DRIVERS LICENSE / I.D. CARD NO:		STATE			
IBR ARREST OFFENSE NO.		BOOKED / WHERE		BOOKING #		CHARGES		CITATION / WARRANT # / AGENCY		BAIL					
ARREST DATE		LOCATION OF ARREST				1. <input type="checkbox"/> M <input type="checkbox"/> F		2. <input type="checkbox"/> M <input type="checkbox"/> F		3. <input type="checkbox"/> M <input type="checkbox"/> F					
AFFILIATION		ON VIEW ARREST <input type="checkbox"/>		CITED Y <input type="checkbox"/> N <input type="checkbox"/>		STATEMENT <input type="checkbox"/> ORAL <input type="checkbox"/> WRN		CHARGES <input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED		ARRESTEE ARMED WITH		PCN / IDENTIFICATION NUMBER		MULTI CLEAR <input type="checkbox"/>	
JUV. PARENT GDN. NOTIFIED Y <input type="checkbox"/> N <input type="checkbox"/>		NAME / RELATIONSHIP OF PERSON NOTIFIED				DATE / TIME NOTIFIED		NOTIFIED BY:		DISPOSITION OF JUVENILE H <input type="checkbox"/> R <input type="checkbox"/>					
VEHICLE CODES: <input type="checkbox"/> STOLEN # <input type="checkbox"/> LOCATED <input type="checkbox"/> SEIZED <input type="checkbox"/> DAMAGED / VANDALIZED <input type="checkbox"/> VICTIM'S VEH. <input type="checkbox"/> HOLD FOR: <input type="checkbox"/> RECOVERED # <input type="checkbox"/> TOWED <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER <input type="checkbox"/> SUSPECT'S VEH.															
NO.	LICENSE NUMBER		STATE	VIN / HULL NUMBER		YEAR	MAKE		MODEL		STYLE				
COLOR		SPECIAL FEATURES / DESCRIPTION				VALUE \$		DRIVER IS: <input type="checkbox"/> R / O <input type="checkbox"/> PERSON #		REGISTERED OWNER'S NAME					
VEHICLE DISPOSITION <input type="checkbox"/> LEFT AT SCENE <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> TOWED				TOW COMPANY NAME / ADDRESS / PHONE				STATE TOW NO.		REGISTERED OWNER'S ADDRESS					
LOCKED Y <input type="checkbox"/> N <input type="checkbox"/>	KEYS IN VEHICLE Y <input type="checkbox"/> N <input type="checkbox"/>	DELINQ. PAYMENT Y <input type="checkbox"/> N <input type="checkbox"/>	VICTIM CONSENT Y <input type="checkbox"/> N <input type="checkbox"/>	THEFT INS. Y <input type="checkbox"/> N <input type="checkbox"/>	DRIVE-ABLE Y <input type="checkbox"/> N <input type="checkbox"/>	DAMAGE TO VEHICLE Y <input type="checkbox"/> N <input type="checkbox"/>	SPECIFY DAMAGE BY <input type="checkbox"/> TOP <input type="checkbox"/> UNDERSIDE		7	5	3	1	DAMAGE EST \$		
									8	6	4	2			



# **ADDITIONAL NARRATIVE**

AGENCY NAME <b>LAKE STEVENS POLICE DEPARTMENT</b>	INCIDENT CLASSIFICATION <b>Reckless Driving Collision</b>	INCIDENT NUMBER <b>14-0041</b>
NAME OF VICTIM(S) <b>Williams, Dwaine Cavalero Ridge Home Owners Association</b>		

## **Summary:**

Emma McGee was found to be willfully driving a motor vehicle with disregard to the safety of others or property.

## **Narrative:**

I am a fully commissioned Police Officer, commissioned by the Chief of the Lake Stevens Police Department, certified by the State of Washington, to enforce the laws of the State of Washington in the City of Lake Stevens, or Snohomish County. On the date and time of this incident I had the legal authority to arrest.

On the date and time of this incident I was operating a marked Lake Stevens Police Department patrol vehicle and was wearing a full Lake Stevens Police duty uniform which includes shoulder patches and a chest badge which clearly identified me as a Police Officer.

On 01/04/14 at approximately 2212 hours I was dispatched to a report of a vehicle vs. residence collision in the 1600 block of 79<sup>th</sup> AVE SE in the City of Lake Stevens.


Upon arrival I observed a black Volkswagen jetta that had come to rest on top of several large rocks and had collided with a fence and residential area sign. I contacted the driver of the vehicle, identified as Emma M. McGee who stated that she had been down in Seattle with her new boyfriend and was driving back to his house. She stated that she was attempting to pass him between 20<sup>th</sup> ST SE and 16<sup>th</sup> ST SE and lost control while attempting to make the turn onto 16<sup>th</sup> ST SE. McGee admitted that excessive speed was a factor in the collision. She admitted that she'd been driving "foolishly" when she accelerated past her boyfriend's car in the oncoming lane of travel.

I noted that the roadway lane markers between 20<sup>th</sup> ST SE and 16<sup>th</sup> ST SE are a double yellow line indicating it is unlawful to pass.

I spoke with Gavin O'Neil, McGee's boyfriend who was operating the vehicle in front of her. He stated that McGee was driving way too fast when she attempted to pass him and watched as she lost control of her vehicle and collided with the fence and sign.

One witness reported that he believed a male subject had jumped from McGee's vehicle. AID crews used a thermal imaging device and only saw residual heat patterns on the driver's seat. All parties directly involved stated that McGee was the driver and only occupant within the vehicle.

*I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.*

OFFICER NAME / NUMBER <b>A. Thor #115</b>	APPROVED BY 
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# **ADDITIONAL NARRATIVE**

<small>AGENCY NAME</small> <b>LAKE STEVENS POLICE DEPARTMENT</b>	<small>INCIDENT CLASSIFICATION</small> <b>Reckless Driving Collision</b>	<small>INCIDENT NUMBER</small> <b>14-0041</b>
<small>NAME OF VICTIM(S)</small> <b>Williams, Dwaine Cavalero Ridge Home Owners Association</b>		

Officer Aukerman, trained in basic and advanced collision investigations as well as technical collision investigations conducted an investigation into the roadway evidence and skids (see attached) and determined based on the roadway evidence that McGee attempted to make the 90 degree left turn while traveling at an average speed of 38 miles per hour.


Based on the information provided I concluded that McGee was willfully driving a motor vehicle with disregard to others or property and caused a collision.

Recommend prosecutor review for reckless driving.

**Attachments:**

**Recommendations:**

*I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.*

<small>OFFICER NAME / NUMBER</small> <b>A. Thor #115</b>	<small>APPROVED BY</small> 
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**ADDITIONAL NARRATIVE**

AGENCY NAME <b>LAKE STEVENS POLICE DEPARTMENT</b>	INCIDENT CLASSIFICATION <b>RECKLESS DRIVING</b>	INCIDENT NUMBER <b>13-00041</b>
NAME OF VICTIM(S)		

**OFFICER:**

On the date and time of this incident I was wearing a full Lake Stevens Police Department issued duty uniform which includes shoulder department patches and a chest badge which clearly identified me as a law enforcement officer. On the date and time of this incident I was operating a marked Lake Stevens Police Department patrol vehicle. On the date and time of this incident I had legal authority to arrest. I have been a city of Lake Stevens Police Department Police Officer for 14 years.

Also in my career as a Police Officer I have completed additional training in vehicle collisions. I have completed basic collision investigation (40 hours), advanced collision investigation (80 hours) and technical collision investigation (120hours). While working in the City of Lake Stevens I have investigated 100's of vehicle collisions which include, and are not limited to; vehicular homicide, vehicular assault (DUI/Reckless driving) and the majority of collisions being property/reportable collisions.

**SUMMARY:**

On 01/04/2014 at about 2212 hours 16 year old Emma McGee lost control of her vehicle, almost rolling it over, colliding into large boulders and large rockery community sign after illegally passing her boyfriend's vehicle and attempting to make a left turn too fast onto westbound 15<sup>th</sup> Place SE as they traveled northbound in the 1500 block of 79<sup>th</sup> Ave SE in the city of Lake Stevens.

**FOLLOW UP NARRATIVE:**

On 01/04/2014 at about 2212 hours (all times approximate) I responded to a radio dispatched vehicle collision into a residence at the intersection of 15<sup>th</sup> Place SE and 79<sup>th</sup> Ave SE in the city of Lake Steven. Patty Travers called 911 to report the incident. Also while en route to the call, dispatch advised the driver involved in the collision fled the scene northbound on 79<sup>th</sup> Ave.

At about 2215 hours I arrived on scene. I observed a dark colored Dodge Charger stopped in the eastbound lane of 15<sup>th</sup> Place, being surrounded by several pedestrians, and a dark colored Volkswagen Jetta, off the roadway on the northwest corner of the intersection, into a large rockery community sign.

A couple of the pedestrians state the driver of the Charger had picked up the driver of the Jetta (stated to be a male) and that they had left the scene initially. The pedestrians claimed as the Charger returned to the scene they stopped it in the roadway from leaving.

A teen female exited the Charger from the passenger side and claimed that she had been driving the wrecked vehicle at the time of the collision and that the vehicle was hers. It should be noted that the teen female was wearing a short hemmed dark colored dress at the time of the incident.

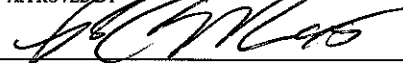
**LSPD  
ORIGINAL**

*I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.*

OFFICER NAME / NUMBER

W. AUKERMAN/#72

APPROVED BY



# **ADDITIONAL NARRATIVE**

AGENCY NAME <b>LAKE STEVENS POLICE DEPARTMENT</b>	INCIDENT CLASSIFICATION <b>RECKLESS DRIVING</b>	INCIDENT NUMBER <b>13-00041</b>
NAME OF VICTIM(S)		

A pedestrian approached me and claimed that he had observed a male driver exit the wrecked vehicle and leave the scene on foot.

The driver of the Charger claimed he was the teen female's boyfriend and also concurred that the teen female had been driving the wrecked car at the time of the collision. The driver of the Charger claimed he had picked up the female driver from the wrecked car immediately after the collision and that he had only driven about a block from the scene so they could call the girl's mother about the collision. The driver of the Charger was also identified to live only a few blocks away from the collision scene.

The teen female claiming to be the driver of the wrecked car was identified to be 16 year old Emma McGee DOB 1997. The teen male driving the Charger (McGee's boyfriend) was identified to be Gavin Oneil DOB 1995.

When fire/aid crews arrived on scene they conducted a thermal imaging of the wrecked vehicle's interior and determined only the driver's seat had been occupied recently.

I obtained a written statement from Oneil about what had occurred. Oneil stated he and McGee had been traveling northbound on 79<sup>th</sup> Ave SE (with Oneil in the lead), from 20<sup>th</sup> Street SE, when McGee elected to pass Oneil's vehicle. This section of 79<sup>th</sup> Ave SE has a posted speed limit of 35mph and has painted double yellow solid lane dividing lines indicating a no vehicle passing zone. 79<sup>th</sup> Ave SE in this area has also been recently widened due to upcoming residential construction to accommodate two lanes of vehicle traffic, a bicycle lane, and single lane for vehicle parking; being a straight roadway for about 5 blocks. Oneil claimed McGee was traveling too fast when McGee attempted to make the left turn (westbound) onto 15<sup>th</sup> Place SE just after passing his vehicle.

I observed a tire mark on the roadway, originating in the northbound lane of travel on 79<sup>th</sup> Ave SE and curving to where the wrecked vehicle had come to a stop in the rockery and fence. I recognized this tire mark as a critical speed scuff (yaw), caused by over steering, which had been left by the wrecked vehicle's tire as it traveled into the left turn attempt just before colliding into the rockery and fence. I measured the critical speed scuff mark to be about 126 feet in length.

I took two measurements along the critical speed scuff to figure the radius so I could figure for an average speed of the vehicle. I took a 60 foot chord measurement (starting about 12 feet into the speed scuff), which had a middle ordinate of 34.5". I used the coefficient of friction of .63f. With these numbers I found the vehicles average speed to be 38.37 mph. I took a second 20 foot chord measurement (on the second half of the speed scuff), which had a middle ordinate of 6 1/4". I used the same coefficient of friction of .63f. With these numbers I found the vehicles average speed to be 30.12 mph.

It should be noted that based on evidence and measurements made at the scene that 16 year old McGee attempted to make a 90 degree left turn with her vehicle, beginning the turn about 60 feet from the intersection, at an average speed of about 38 mph, after having passed her boyfriend's vehicle in an area painted with yellow double center dividing lines indicating a no passing zone.

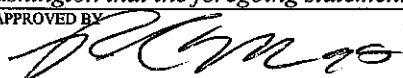
**LSPD  
ORIGINAL**

*I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.*

OFFICER NAME / NUMBER

**W. AUKERMAN/#72**

APPROVED BY



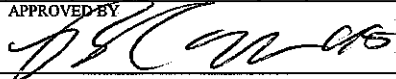
## ADDITIONAL NARRATIVE

AGENCY NAME <b>LAKE STEVENS POLICE DEPARTMENT</b>	INCIDENT CLASSIFICATION <b>RECKLESS DRIVING</b>	INCIDENT NUMBER <b>13-00041</b>
NAME OF VICTIM(S)		

**END OF REPORT.**

LSPD  
ORIGINAL

*I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.*

OFFICER NAME / NUMBER <b>W. AUKERMAN/#72</b>	APPROVED BY 
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# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER 14-0041



### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) McGee Emma Marie	RACE White	ETH	SEX F	DOB 11/17/97	AGE 16	HGT 5'8"	WGT 105	HAIR Brown	EYES Brown
STREET ADDRESS 328 N DAVIES Rd		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS Single		
HOME PHONE		CELL PHONE 425 941 2917			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS mgleemm@gmail.com								

I, Emma McGee, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY : (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I went around the corner and my car spun out and I lost control. I tried to correct it but I over corrected and the next thing I knew I hit a sign

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

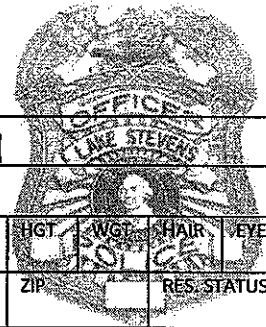
SIGNATURE: Emma McGee	DATE SIGNED	LOCATION SIGNED
OFFICER/NUMBER: A-THOR#115	DATE SIGNED 1-04-14	LOCATION SIGNED

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PAGE 1 OF 1

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT



CASE NUMBER

14-0041

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) TURSKI ROSAMUND	RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS 7924 GRACE LANE		CITY LAKE STEVENS		STATE		ZIP	RES. STATUS			
HOME PHONE 360-941-9609		CELL PHONE				PLACE OF EMPLOYMENT				
WORK PHONE		EMAIL ADDRESS								

I, \_\_\_\_\_, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

MY WIFE SARA TURSKI HEARD & SAW THE  
CREEK SHE YELLED AT ME I RAN OUTSIDE SAW  
A MAN GET OUT OF THE VW CAR GET INTO THE  
SILVER/BLUE CHARGER THEY TOOK OFF WHILE I WAS  
WELLING TO STOP. THEY LEFT THE CAR  
RUNNING I EVENTUALLY SAW THE CAR  
COME BACK I STOOD IN FRONT OF HIS  
CAR AND MADE HIM STOP & GET OUT.  
THEN THE POLICE ARRIVED.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 1-11-2014	LOCATION SIGNED
OFFICER/NUMBER: A. THOR #115	DATE SIGNED 1-14-14	LOCATION SIGNED

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PAGE \_\_\_ OF \_\_\_

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT



GAVIN P. O'NEIL

CASE NUMBER 14-0641

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST, MIDDLE) GAVIN O'NEIL	RACE W	ETH W	SEX M	DOB 09/14/95	AGE 18	HGT 5'11"	WGT 175	HAIR BRN	EYES BLU
STREET ADDRESS 7301 15th Pl SE		CITY Lake Stevens			STATE WA		ZIP 98258		RES. STATUS	
HOME PHONE 425-397-8003		CELL PHONE 425-512-5861			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS gavin.p.oneil@gmail.com								

I, Gavin O'Neil, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Finn was speeding around me and was going way to fast. Passed me and spun out of control. Didn't realize the turn was that early crashed into the cavalero ridge sign. I was driving behind the girl and she was going way to fast. There is icy conditions as well that didn't help. All in all she passed me and crashed.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE 	DATE SIGNED 1/4/14	LOCATION SIGNED Cavalero Ridge
OFFICER/NUMBER: A. THOR #115	DATE SIGNED	LOCATION SIGNED

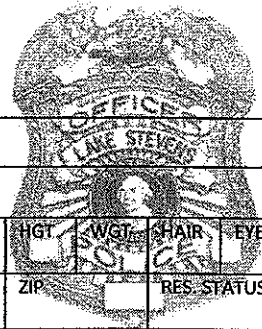
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PAGE \_\_\_ OF \_\_\_



# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT



TRAVERS, PATRICIA D

CASE NUMBER

14-0041

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) TRAVERS, Patricia Dawn	RACE	ETH	SEX	DOB 6-14-77	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS 1625 9th AVE S.E.		CITY LAKE STEVENS		STATE WA		ZIP		RES. STATUS		
HOME PHONE		CELL PHONE 425-345-7418		PLACE OF EMPLOYMENT						
WORK PHONE		EMAIL ADDRESS								

I, \_\_\_\_\_, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

At Approximately 10:10 p.m. I was standing on my porch when I saw two cars traveling North on 9th Ave. The second car speed up behind the first car. The first car slowed down and the second car passed the first going at a high speed. The car that was speeding went to take a left into the Cavalero Ridge entrance and lost control and hit the sign.

Patricia Travers

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE <i>Patricia Travers</i>	DATE SIGNED 1-4-14	LOCATION SIGNED LAKE STEVENS, WA
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

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PAGE \_\_\_ OF \_\_\_

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <b>A. THOR #115</b>		Case Number <b>14-0041</b>			
Type of Crime: Felony / <u>Misdemeanor</u> (Circle)		Type of Case: <b>RECKLESS DRIVING</b>		Date/Time: <b>11/4/14</b>			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification					
Item # <b>AT1</b>	Item <b>PHOTO CD</b>	Brand Name		Storage Location	Disposition		
Action # <b>3</b>	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item	Brand Name		Storage Location	Disposition		
Action #	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item	Brand Name		Storage Location	Disposition		
Action #	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item	Brand Name		Storage Location	Disposition		
Action #	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item	Brand Name		Storage Location	Disposition		
Action #	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item	Brand Name		Storage Location	Disposition		
Action #	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Evidence Control Use Only:							
Received by Evidence:		NCIC/WACIC ✓	Date:	CAD/RMS Checked		ROUTING:	
Name: _____ # _____		NCIC/WACIC +	Date:	Owner Letter Sent:		White: Property Room	
Date: _____ Time: _____		NCIC/WACIC -	Date:	Owner Letter Sent:		Yellow: Case File	

## CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND / TOW  
☐ AAA or OTHER ROADSIDE ASSISTANCE  
☐ EVIDENCE  
☐ SEIZED UNDER RCW 69.50.505  
☒ IMPOUND ONLY  
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD  
☐ DWLS IMPOUND WITH \_\_\_\_\_ DAY HOLD  
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.  
☐ REGISTERED OWNER MAY REDEEM \_\_\_\_\_

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

## UNIFORM WASHINGTON STATE

TOW / IMPOUND  
AND INVENTORY RECORD

CASE / EVIDENCE NUMBER

14-0041

## VEHICLE INFORMATION

VIN

3 V W S C 2 9 M S Y M 1 6 4 6 1 2

LICENSE

844SNL

STATE

WA

YEAR

00

MAKE

VOLKS

MODEL

JET 4DR

MILEAGE

☐ Report of Sale

☐ Digital

STYLE

4DR

COLOR

BLK

## DRIVER

NAME (LAST, FIRST, MI)

MCGEE, EMMA M.

STREET ADDRESS

328 N. DAVIES RD

CITY, STATE, ZIP CODE

LAKE STEVENS, WA 98258

PHONE

425-941-2917

DOB

1-17-97

## REGISTERED OWNER

NAME (LAST, FIRST, MI)

CHILDERS, STEPHANIE M.

STREET ADDRESS

328 N. DAVIES RD

CITY, STATE, ZIP CODE

LAKE STEVENS, WA 98258

PHONE

425-422-6080

## LEGAL OWNER

NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

## AUTHORIZATION AND RECEIPT

ON THIS DATE OF 11/4/13 AT 2303 PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE  
 ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE MACKS TOWING  
 (24 HOUR) (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM 1600 29TH AVE SE, LKS

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE [Signature] DOL TOW TRUCK NO. 5099-007 DATE 11-4-14

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED	<input type="checkbox"/> FRONT SHADE DAMAGED AREA		
<input type="checkbox"/> KEYS [ ]	<input type="checkbox"/> R FRONT		
<input type="checkbox"/> AUTO STEREO	<input type="checkbox"/> R SIDE		
<input type="checkbox"/> AUDIO TAPES / CD'S [ ]	<input type="checkbox"/> R REAR		
<input type="checkbox"/> CB RADIO	<input type="checkbox"/> L FRONT		
<input type="checkbox"/> RADAR DETECTOR	<input type="checkbox"/> L SIDE		
<input type="checkbox"/> TRUNK LOCKED	<input type="checkbox"/> L REAR		
<input type="checkbox"/> SPARE TIRE	<input type="checkbox"/> REAR		
<input type="checkbox"/> JACK	<input type="checkbox"/> TOP		
<input type="checkbox"/> CHAINS	<input type="checkbox"/> UNDERCARRIAGE		
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____		

## INVENTORY/EVIDENCE

## NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X

SNOW3M154

BADGE NO.

115

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X



## IMPOUNDED VEHICLE ENTRY FORM

Type of Impound: (Check one)

Police Impound ☒ Private Impound ☐ Repo ☐

For Police Impound: Reason for Impound (DUI, DWLS, ACC, ABAND, EVIDENCE, VEHR, CN, Etc.)

acc

MKE/ (Circle One) EVI

EVIP

EVR

ORI/ WA0311900

LIC/ 844SN1 LIS/ WA LIY/ 2014 LIT/ PC

VIN/ 3VWSC29M5YM124612 VYR/ 2000 VMA/ VW

VMO/ Jetta VST/ 4d VCO/ BLK

DATE OF IMPOUND/REPO:

1-5-14

TOW COMPANY NAME: MACKS TOWTOW COMPANY OCA/\*\* 5099 PHONE #: 360-568-3131

\*\*(For Repossession Company with no EOL issued OCA, use 5999)

Address Taken From: 1600 79 Av SECity of Jurisdiction: LKS

For Repo:

Financial Institution:

Contact Person:

Phone #:

For Teletype:

Date: 1-5-14Entered By: 179WAC #: 14V0001751

Checked By: \_\_\_\_\_

Checked Date: \_\_\_\_\_

14-00041

Incident History for: #SS14000326 Xref: #AG14000044

Case Numbers: \$SS14000041

Entered 01/04/14 22:12:22 BY SPDF24 SP0263

Dispatched 01/04/14 22:12:38 BY SPDP17 SP0356

Enroute 01/04/14 22:12:38

Onscene 01/04/14 22:15:46

Closed 01/04/14 23:21:15

Initial Type: COLP Initial Alarm Level: Final Alarm Level:

Final Type: COLP (COLLISION, PRIORITY) Pri: 1 Dispo: H

Police BLK: SS003 Fire BLK: AG1417 Map Page: 397C-3 Group: SS1 Beat: SOUT

Src: T

Loc: 15 PL SE/79 AV SE ,LKS (V)

Loc Info: T MOBILE USA,

Name: TRAVERS, PATTY

Addr:

Phone: 4252327955

/2212 (SP0263) ENTRY ,AC, NO RP HOUSE, < 1/2 BLK, VEH FLIPPED, HIT HO  
USE,

/2212 CROSS #AG14000044

/2212 (SP0356) DISPER SS1939 #SS115 THOR,OFFICER (ANDREW)

/2213 ASSTER SS1930 #SS72 AUKERMAN,OFFICER (WAYNE)

/2213 ASSTER SS1913 [1625 79 AV SE ,LKS]

#SS95 MINER,SGT (ROBERT)

/2213 (SP0263) SUPP TXT: UNK IF STRUCTURAL DAMAGE TO HOUSE, RP WITNE  
SSED, EXCESSIVE SPEEDS, PASSED ANOTHER VEH, LOST  
CONTROL AT A TURN, FLIPPED, HIT HOUSE

/2214 SUPP LOCI: T MOBILE USA,,  
NAM: TRAVERS, PATTY,  
PHO: 4252327955,  
TXT: DRIVER RAN FROM LOC, NB 79TH

/2215 SUPP TXT: UNK DESC OF DRIVER,

/2215 (SP0356) ONSCNE SS1930

/2216 ONSCNE SS1939

/2216 MISC SS1930 ,DRIVE IS OS

/2216 ONSCNE SS1913

/2217 (\*\*\*\*\*) REMINQ SS1939 844SNI

/2217 (SP0356) REMINQ SS1939 LIC,1939,844SNI,,

/2217 SUPP TXT: NOT VS A HOUSE, VS A DEVELOPMENT SIGN, NO I  
NJURIES

/2218 CHANGE LOC: 1625 79 AV SE ,LKS --> 15 PL SE/79 AV SE ,  
LKS

/2219 SUPP LOC: 1625 79 AV SE ,LKS,  
TXT: AT 15 PL/79 AV SE

/2219 (SS115 ) REMINQ SS1939 MDTWANT,MC GEE,EMMA,M,011797,,,WA,,,,,,,,,,,,,

/2229 (SS72 ) REMINQ SS1930 MDTVEH,ANT3584,,WA,,,,,,,,,,,,,

/2230 REMINQ SS1930 MDTWANT,ONEIL,GAVIN,P,091495,,,WA,,,,,,,,,,,,,

/2231 (SS115 ) \*MISC SS1939 ,ALLSTATE INSURANCE 9 20 356636 02/14

/2231 (SS72 ) REMINQ SS1930 MDTWANT,TRAVIS,PATRICIA,D,061477,,,WA,,,,,,,,,,,,,

/2232 REMINQ SS1930 MDTWANT,TRAVERS,PATRICIA,D,061477,,,WA,,,,,,,,,,,,,

/2232 (SP0260) ASNCAS SS1939 \$SS14000041

/2234 ROTREQ SS1939 TOW 5099 LKS MACK'S TOWING  
3605683131

/2234 MISC SS1939 ,PC 4D ELEVATED BY A COUPLE BOULDERS

/2235 MISC SS1913 ,1508 79 AV SE FOR PROPERTY OWNER

/2235 MISC SS1939 ,MACKS TOW ENRT

/2242 (SS115 ) REMINQ SS1939 MDTVEH,844SNI,,WA,,,,,,,,,,,,,

/2257 (SP0356) MISC SS1913 ,TOW OS

/2304 (SS115 ) \*MISC SS1939 ,ROAD MARKINGS 126 FEET

/2309 (SP0367) CLEAR SS1930

/2317 (SS95 ) CLEAR SS1913

/2321 (SP0367) CLEAR SS1939 D/H

/2321 CLOSE SS1939